



999 WEST VALLEY ROAD
WAYNE, PENNSYLVANIA 19087
215-687-9510

8701-61-18

ORIGINAL
(Red)

June 15, 1987
R-585-3-7-38
68-01-7346

Mr. Harold Byer
U.S. Environmental Protection Agency
841 Chestnut Building
Ninth and Chestnut Streets
Philadelphia, PA 19107

Subject: Final Report
TDD No. F3-8701-61
SKF Industries, Incorporated, Specialty Bearing Division
Philadelphia, Pennsylvania

Dear Mr. Byer:

Submitted herewith is a final Preliminary Assessment report for the subject project. Based on our review of available data, we have concluded that EPA should consider the following:

- o No further action should be taken by EPA at this site.

The SKF Specialty Bearing Division is an active manufacturing facility located in Philadelphia, Pennsylvania. A variety of precision ball and roller bearings are manufactured for the aerospace industry at the facility.

According to (b) (4) manager of Plant Safety and Environmental Affairs, the following wastes are generated at the plant: waste oil and water, waste III trichloroethane, waste petroleum naptha, waste sodium nitrite mixed/fused with potassium nitrate, and waste sodium hydroxide solution. The company's waste oil and water contains barium and chromium and is shipped by Eldridge, Incorporated to Research Oil Company in Cleveland, Ohio (see attachment 3). The waste petroleum naptha and waste III trichloroethane are transported by AMO Pollution Services, Incorporated to the Safety Kleen Corporation in Hebron, Ohio (see attachment 4). The waste sodium nitrite that is mixed and fused with potassium nitrate is transported by two companies: Environmental Transport Group, Incorporated and Mola T/A Mitchko Trucking to the CECOS International, Incorporated facility in Niagara Falls, New York (see attachment 5). The waste sodium hydroxide solution is transported by Environmental Transfer Corporation to Advanced Technology Corporation, of Mount Olive, New Jersey. The manifest for this material was not available at the time of this writing. All wastes that are generated are stored, transported, and disposed according to RCRA guidelines. There have been no spills or leaks of waste at the plant. No wells exist on the property.

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Mr. Harold Byer
U.S. Environmental Protection Agency
June 15, 1987 - Page 2
SKF Specialty Bearing Division Final Preliminary Assessment

On February 26, 1987, NUS FIT 3 personnel (b) (4) and (b) (4) performed a preliminary assessment of the SKF Specialty Bearing facility. Access was granted by (b) (2), Corporate Environmental specialist for the company. FIT 3 was accompanied on site by Mr. Frank A. Reale, General Production supervisor, and Mr. North.

If you have any further questions, please contact me.

Respectfully submitted,

(b) (4)

Environ. Technician

DDD/lmc

Reviewed by,

(b) (4)

Assistant Manager

Approved by,

(b) (4)

Regional Operations
Manager, FIT 3

Attachments

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
841 Chestnut Building
Philadelphia, Pennsylvania 19107

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SUBJECT: Request Assistance from FIT Office

DATE: 5/27/87

FROM: (b) (4) Environmental Engineer
Site Investigation Section (3HW23)

TDD # FS-3701-601

TO: (b) (4), FIT Region Project Officer
Site Investigation Section (3HW23)

I. SITE NAME: SKF Industries (PA-815)
DSN

II. LOCATION: Philadelphia, PA

III. WORK ASSIGNMENT:

<input checked="" type="checkbox"/> Preliminary Assessment	<input type="checkbox"/> Recon
<input type="checkbox"/> Site Inspection	<input type="checkbox"/> Re-Sampling/Full Field Investigation
<input type="checkbox"/> Hazard Ranking System	<input checked="" type="checkbox"/> Peer Review Corrections/Finalize
<input type="checkbox"/> Toxicology Assessment	<input type="checkbox"/> Other (See VI below)
<input type="checkbox"/> Enforcement Support	<input type="checkbox"/>

IV. PRIORITY:

☒ High (*) ☐ Medium ☐ Low

V. PREFERRED DEADLINE:

Date:

VI. EXPLANATION OF TASK (* To include justification for high priority):

Finalize the PA.

If any questions arise contact me or
Paul Racette.

VII. To be completed by FIT RPO only:

Task complete date by FIT: June 22-87

Hours allocated:

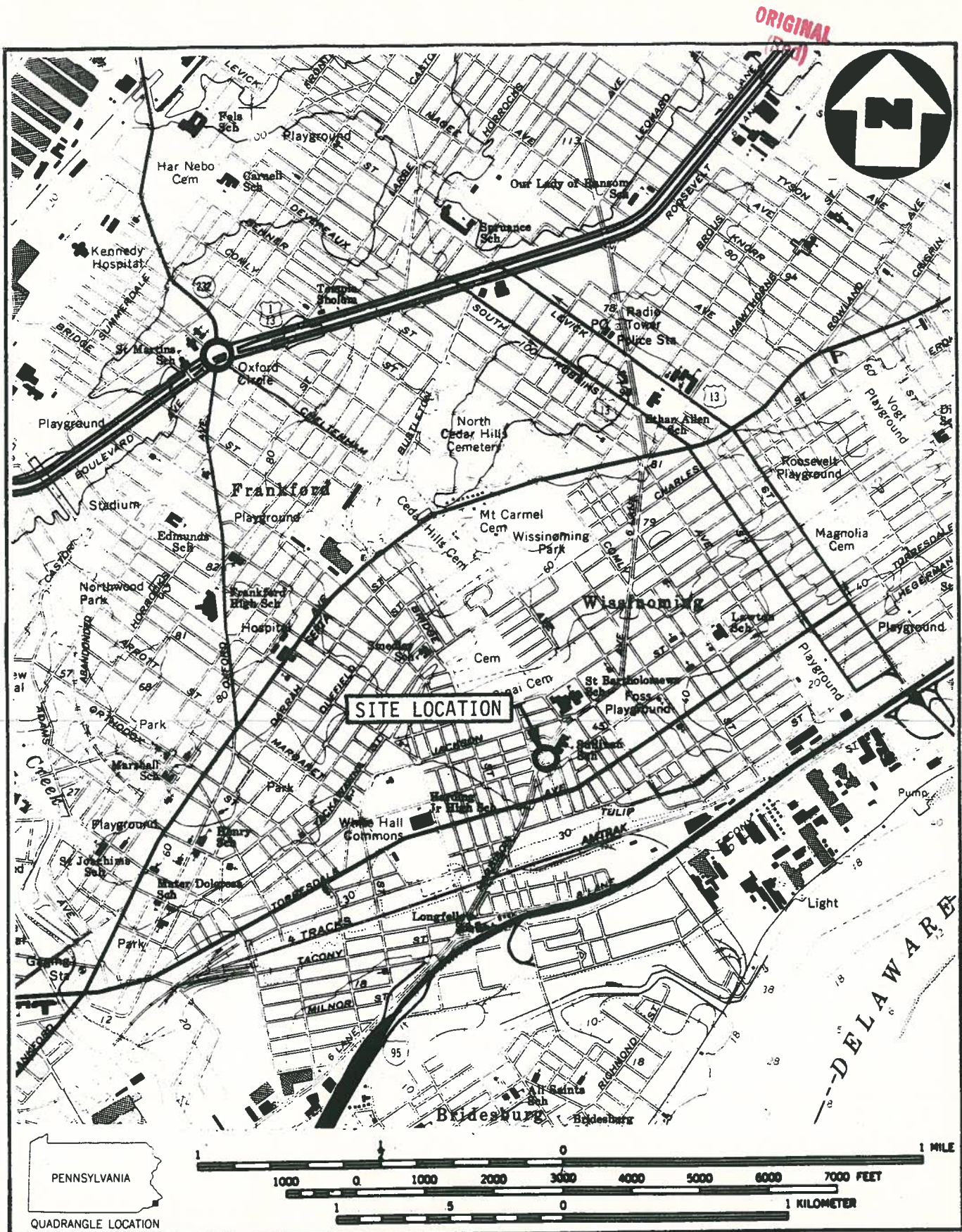
Butch
6/10/87

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ATTACHMENT 1

ORIGINAL
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ATTACHMENT 2



SOURCE: (7.5 MINUTE SERIES) USGS FRANKFORD, PA. - N.J. QUAD.

SITE LOCATION MAP

SKF, SPECIALTY BEARINGS DIVISION, PHILA., PA

SCALE 1:24000

FIGURE 1



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ATTACHMENT 3



PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES
Division of Hazardous Waste Management
P. O. Box 2063
Harrisburg, PA 17120

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ER-SWM-51:Rev.5/84

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. PAD 0000000190	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address SKY INDUSTRIES INC 5400 TULIP STREET, PHILA. PA 19124			A. State Manifest Document Number PAB 00902193			
4. Generator's Phone (215) 533 5800			B. State Gen. ID PA-AH			
5. Transporter 1 Company Name ELDRIDGE INC			C. State Trans. ID 0-0-56			
6. US EPA ID Number PAD 01746179			D. Transporter's Phone 215 436 4749			
7. Transporter 2 Company Name			E. State Trans. ID PA-AH			
8. US EPA ID Number			F. Transporter's Phone ()			
9. Designated Facility Name and Site Address RESEARCH OIL CO 2655 TRANSPORT RD. CLEVELAND, OHIO 44115			G. State Facility's ID Not Required			
10. US EPA ID Number OH 004178612			H. Facility's Phone (216) 621 8656			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.	
a. WASTE OIL AND WATER ORM-X NA 9189		No. Type				
		1 11	5 000	G	D 005	
b.					D 007	
c.						
d.						
J. Additional Descriptions for Materials Listed Above (include physical state and hazard code)			K. Handling Codes for Wastes Listed Above			
a.			a.			
b.			b.			
c.			c.			
d.			d.			
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and all applicable State laws/regulations.						
Printed/Typed Name (b) (4)			Signature (b) (4)		Date Month Day Year 12/6/86	
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature (b) (4)		Date Month Day Year 12/6/86	
Printed/Typed Name (b) (4)			Signature (b) (4)		Date Month Day Year 12/6/86	
18. Transporter 2 Acknowledgement of Receipt of Materials			Signature		Date Month Day Year	
Printed/Typed Name			Signature		Date Month Day Year	
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name (b) (4)			Signature (b) (4)		Date Month Day Year 12/6/86	

GENERATOR

TRANSPORTER

FACILITY

PAD 0000000190

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ATTACHMENT 4



Division of Hazardous Waste Management
P. O. Box 2063
Harrisburg, PA 17120

ORIGINAL
(Red)

EPA-SWM-51:Rev.5/84

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. PAD0000000190	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address SKF AEROSPACE DIVISION 5400 TULIP STREET PHILADELPHIA, PA. 19124				A. State Manifest Document Number PAB 00901806		
4. Generator's Phone (215) 533-5800				B. State Gen. ID		
5. Transporter 1 Company Name AND Pollution Services, Inc.				C. State Trans. ID PA-AH 01561002		
6. US EPA ID Number PAD0030966230				D. Transporter's Phone (412) 921-8486		
7. Transporter 2 Company Name				E. State Trans. ID PA-AH		
8. US EPA ID Number				F. Transporter's Phone ()		
9. Designated Facility Name and Site Address Safety-Klean Corp. 581 Milliken Drive SE Hebron, Ohio 43025				G. State Facility's ID Not Required		
10. US EPA ID Number 10 HND 80587341				H. Facility's Phone 619 929-3532		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.	
a. Waste Petroleum Naptha Combustible Liquid UN 1255		07 DM	385	P	D-0-01	
b. Waste 111 Trichloroethane ORMA UN 2831		03 DM	165	P	F-0-01	
c.						
d.						
J. Additional Descriptions for Materials Listed Above (include physical state and hazard code)				K. Handling Codes for Wastes Listed Above		
a. Liquid I		c.		a.		
b. Liquid T		d.		b.		
15. Special Handling Instructions and Additional Information "Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment."						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and all applicable State laws/regulations.						
Printed/Typed Name (b) (4)		Signature (b) (4)		Date Month Day Year 4 12 86		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name (b) (4)		Signature (b) (4)		Date Month Day Year 04 08 86		
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Date Month Day Year 1 1 86		
19. Discrepancy Indication Space ACCEPTED 6 CANS 11A 4 LITERS 11B						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed/Typed Name (b) (4)		Signature (b) (4)		Date Month Day Year 4 4 86		

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ATTACHMENT 5

PRESS HARD—You Are Writing Through Eight Copies

(See Reverse Side for Instructions)

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48-14-1 (4/85)



STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE
HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. PAID0000000119006003		Manifest Document No. PA		2. Page 1 of 1		Information in the shaded areas is not required by Federal Law.		
3. Generator's Name and Mailing Address SKF Aerospace Division 5400 Tulip St. Philadelphia, Penna. 19124						A. State Manifest Document No. NY A 342520 7				
4. Generator's Phone (215) 533-5800						B. Generator's ID Same				
5. Transporter 1 (Company Name) Environmental Transport Group Inc						C. State Transporter's ID FAAH0104				
6. US EPA ID Number WTD000692061						D. Transporter's Phone (201) 347-8260				
7. Transporter 2 (Company Name) MOLA T/A Mitchko Trucking						E. State Transporter's ID NYTA020				
8. US EPA ID Number WTD002779262						F. Transporter's Phone (201) 334-3700				
9. Designated Facility Name and Site Address CECCS International Inc. 56th St. & Niagara Blvd. Niagara Falls, New York 14302						G. State Facility's ID N/A				
10. US EPA ID Number WYD080336241						H. Facility's Phone (716) 282-2676				
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. Waste Sodium Nitrite Mixed/Fused with Potassium Nitrate Oxidizer (RQ 100/45.4) UN 1487						155 DM		2,750	P	D001
b.										
c.										
d.										
J. Additional Descriptions for Materials listed Above Heat treating a. Sintered w/vermiculite						K. Handling Codes for Wastes Listed Above a. <input checked="" type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/>				
15. Special Handling Instructions and Additional Information Packing Slips Attached for Clarification of Material (Transportation Only) Transporter #1 - NJ 570 THX Transporter #2 - NJ 570 THX WO # 176714										
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002 (b) of RCRA, I also certify that I have a program in place to reduce volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.										
Printed/Typed Name (b) (4)						Signature (b) (4)		Mo. Day Year 12/24/86		
17. Transporter 1 (Acknowledgement of Receipt of Materials)										
Printed/Typed Name (b) (4)						Signature (b) (4)		Mo. Day Year 12/24/86		
18. Transporter 2 (Acknowledgement or Receipt of Materials)										
Printed/Typed Name						Signature		Mo. Day Year		
19. Discrepancy Indication Space										

Department of Transportation (518) 457-7362

TRANSPORTER

FACILITY

ORIGINAL
(Red)

ATTACHMENT 6

City of Philadelphia
Department of
Licenses & Inspections
P.O. BOX 53360
Philadelphia, Pa. 19105

DISPLAY PROMINENTLY

if required by law

AIR POLLUTION 2067 298
HEAT TREAT
5400 TULIP
TTI1W7H7H7H4J-N

ST

THIS LICENSE IS GRANTED TO THE PERSON AND LOCATON FOR THE PURPOSE STATED ABOVE
IT IS SUBJECT TO IMMEDIATE CANCELLATION BY THIS DEPARTMENT FOR VIOLATIONS OF
CITY ORDINANCES AND REGULATIONS.

LICENSE CODE	LICENSE NO.	BUSINESS TAX	EXPIRES LAST DAY OF	CURRENT FEE	DELINQUENT FEE	PENALTY	TOTAL
3216	745422		10/87	150.00			150.00



SKF INDUSTRIES INC
5400 TULIP
PHILADELPHIA, PENN 19124

ST

PAY THIS AMOUNT 150.00

ON OR BEFORE 11/15/86

If not paid on time, a penalty will be charged
at a rate of 1.5% per month

NOT GOOD UNLESS VALIDATED HERE BY CASHIER

Fa Riale

City of Philadelphia
Department of
Licenses & Inspections
P.O. BOX 53360
Philadelphia, Pa. 19105

DISPLAY PROMINENTLY

if required by law

AIR POLLUTION 2067 298
PRECISION AIRCRAFT BEARING
5400 TULIP
TTI9X8X7W1R1F1C1H-I

ST

THIS LICENSE IS GRANTED TO THE PERSON AND LOCATON FOR THE PURPOSE STATED ABOVE
IT IS SUBJECT TO IMMEDIATE CANCELLATION BY THIS DEPARTMENT FOR VIOLATIONS OF
CITY ORDINANCES AND REGULATIONS.

LICENSE CODE	LICENSE NO.	BUSINESS TAX	EXPIRES LAST DAY OF	CURRENT FEE	DELINQUENT FEE	PENALTY	TOTAL
3216	779032		10/87	150.00			150.00



SKF INDUSTRIES INC
5400 TULIP
PHILADELPHIA, PENN 19124

ST

PAY THIS AMOUNT 150.00

ON OR BEFORE 11/15/86

If not paid on time, a penalty will be charged
at a rate of 1.5% per month

NOT GOOD UNLESS VALIDATED HERE BY CASHIER

City of Philadelphia
Department of
Licenses & Inspections
P.O. BOX 53360
Philadelphia, Pa. 19105

DISPLAY PROMINENTLY

if required by law

AIR POLLUTION 2067 298
LARGE BEARINGS
5400 TULIP
TTI9X9X1X2C1W1F-I

ST

THIS LICENSE IS GRANTED TO THE PERSON AND LOCATON FOR THE PURPOSE STATED ABOVE
IT IS SUBJECT TO IMMEDIATE CANCELLATION BY THIS DEPARTMENT FOR VIOLATIONS OF
CITY ORDINANCES AND REGULATIONS.

LICENSE CODE	LICENSE NO.	BUSINESS TAX	EXPIRES LAST DAY OF	CURRENT FEE	DELINQUENT FEE	PENALTY	TOTAL
3216	779031		10/87	150.00			150.00



SKF INDUSTRIES INC
5400 TULIP
PHILADELPHIA, PENN 19124

ST

PAY THIS AMOUNT 150.00

ON OR BEFORE 11/15/86

If not paid on time, a penalty will be charged
at a rate of 1.5% per month

NOT GOOD UNLESS VALIDATED HERE BY CASHIER

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ATTACHMENT 7



**POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS**

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
PA 815

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

None observed or reported

01 ☐ B. SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

None observed or reported

01 ☐ C. CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

City of Philadelphia License Nos. 745422, 779031, and 779031.

01 ☐ D. FIRE EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

None observed or reported

01 ☐ E. DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

None observed or reported

01 ☐ F. CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: _____
(Acres)

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

None observed or reported

01 ☐ G. DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

None observed or reported

01 ☐ H. WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

None observed or reported

01 ☐ I. POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

None observed or reported

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(Red)
100



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
PA 815

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

None observed or reported

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (Include name(s) of species)

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

None observed or reported

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

None observed or reported

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills, runoff, standing liquids, leaking drums)

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

None observed or reported

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

None observed or reported

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

None observed or reported

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

None observed or reported

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

None

III. TOTAL POPULATION POTENTIALLY AFFECTED: 0

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

NUS FIT 3 file.

ORIGINAL
(Red)

F3-8701-61



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
PA 815

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) SKF Industries, Inc., Specialty Bearing Div.		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 5400 Tulip Street				
03 CITY Philadelphia	04 STATE PA	05 ZIP CODE 19124	06 COUNTY Philadelphia		07 COUNTY CODE 101	08 CONG. DIST. PA03
09 COORDINATES LATITUDE 40° 00' 50" . . .		LONGITUDE 75° 04' 00" . . .				
10 DIRECTIONS TO SITE (Starting from nearest public road) Take I-76 east to I-95 north. Exit at Aramingo Avenue. Follow to Harbison Avenue. Make a right on Tulip Street. The entrance is on the right side down Tulip Street.						

III. RESPONSIBLE PARTIES

01 OWNER (If known) SKF Industries, Inc., Specialty Bearings Div.		02 STREET (Business, mailing, residential) 5400 Tulip Street				
03 CITY Philadelphia	04 STATE PA	05 ZIP CODE 19124	06 TELEPHONE NUMBER 215 265-1900			
07 OPERATOR (If known and different from owner)		08 STREET (Business, mailing, residential)				
09 CITY		10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER ()		
13 TYPE OF OWNERSHIP (Check one): <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN						
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR <input checked="" type="checkbox"/> C. NONE						

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input type="checkbox"/> YES DATE _____ MONTH DAY YEAR <input checked="" type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____				
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION BEGINNING YEAR: 1950 ENDING YEAR: Present <input type="checkbox"/> UNKNOWN				
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED Waste petroleum naptha, waste III trichloroethane, waste sodium nitrite mixed/fused with potassium nitrate, waste oil and water, waste sodium hydroxide solution.						
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION No hazard to environment or population.						

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required annually) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
--	--	--	--

VI. INFORMATION AVAILABLE FROM

01 CONTACT Lorie Acker	02 OF (Agency Organization) EPA		03 TELEPHONE NUMBER (215) 597-3165	
04 PERSON RESPONSIBLE FOR ASSESSMENT (b) (4)	05 AGENCY NUS	06 ORGANIZATION FIT 3	07 TELEPHONE NUMBER (b) (4)	08 DATE 03 / 19 / 87 MONTH DAY YEAR

ORIGINAL
(Red)



POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 2 - WASTE INFORMATION

I. IDENTIFICATION

01 STATE	02 SITE NUMBER
PA	815

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

01 PHYSICAL STATES (Check all that apply) <input checked="" type="checkbox"/> A SOLID <input type="checkbox"/> B POWDER, FINES <input type="checkbox"/> C SLUDGE <input type="checkbox"/> D OTHER _____ <small>(Specify)</small> <input type="checkbox"/> E SLURRY <input checked="" type="checkbox"/> F LIQUID <input type="checkbox"/> G GAS	02 WASTE QUANTITY AT SITE <small>(Measures of waste quantities must be independent)</small> TONS _____ CUBIC YARDS <u>Unknown</u> NO OF DRUMS _____	03 WASTE CHARACTERISTICS (Check all that apply) <input checked="" type="checkbox"/> A TOXIC <input type="checkbox"/> B CORROSIVE <input type="checkbox"/> C RADIOACTIVE <input type="checkbox"/> D PERSISTENT <input type="checkbox"/> E SOLUBLE <input type="checkbox"/> F INFECTIOUS <input type="checkbox"/> G FLAMMABLE <input type="checkbox"/> H IGNITABLE <input type="checkbox"/> I HIGHLY VOLATILE <input type="checkbox"/> J EXPLOSIVE <input type="checkbox"/> K REACTIVE <input type="checkbox"/> L INCOMPATIBLE <input type="checkbox"/> M NOT APPLICABLE
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III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OILY WASTE	Approx. 1,000	gallons	Waste oil and water containing barium
SOL	SOLVENTS		per month	and chromium.
PSD	PESTICIDES			
OCC	OTHER ORGANIC CHEMICALS	Approx. 165	Pounds	Waste III trichloroethane, waste
IOC	INORGANIC CHEMICALS		every 90 days	sodium, nitrite mixed/fused with
ACD	ACIDS			potassium nitrate.
BAS	BASES			
MES	HEAVY METALS			

IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently cited CAS Numbers)

[illegible]

V. FEEDSTOCKS *(See Appendix for CAS Numbers)*

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

NUS FIT 3 file.